Submit 5 Copies
Appropriate District Office
DISTRICT 1
F.U. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Buttons of Page

DISTRICE II P.O. Drawer DD, Anesia, NM 88210 QISTRICE III

OIL CONSERVATION DIVISION P.O. Box 2088

| P. O. BOX BAO, FARTINGTON, NEW MEXICO 87499 Casonally for lifting Greecy experiency Change in Jumposter of the Recompletion Oil XI hys Gas | 100 Rio Brazas Rd., Aztec, NM 87410 | | | , XICH - WARET WINNE M. C. WALD WELL WINNE | rion. | |
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| Designate Type of Completion Completed Gas Condensus | Recompletion | | | Effectiv | re 3/1/90 | |
| DESCRIPTION OF WELL AND LEASE Leave Name Proceedings Proceedings Processor Pro | Change in Operator | r 1 | | | | • |
| Lease Num Del hi Taylor A | 1 change of operator give name and address of previous operator | | | | | |
| Lease Num Del hi Taylor A | • | AND LEASE | | | | |
| Californ | Lease Name | | Pool Name, Includi | ng Formation | Kind of Lease | Lease No. |
| Unit Letter H. 1930 Feet from the MOTTH Line and 660 Feet from the East Line Section 17 Trouble 26N Range 11W NNIM, San Juan Country H. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS. Name of Audorited Emoporer of Oil [XX] or Condensus | | 4 | <u>Gallego</u> s | Gallup | State, Federal or Fee | SF-079679 |
| Section 17 Township 26 N Range 11 N NAIPM San Juan Country | | 1020 | F . F . 25 | N-web-size (CO | | |
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| Address (Give address to which approposed capy of this form is to be send) Periodical properties of Casinghead Gis X or Dry Gis Address (Give address to which approposed capy of this form is to be send) P. O. Box 4289, Farmington, New Mexico, 87499 P. O. Box 4289, Farmington, New Mexico, 87499 P. O. Box 4990, Farmington, New Mexico, 87499 P. O. | Section 17 Township | 26N | Range | 11W , NMPM, | San Juan | County |
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| Page | Name of Authorized Transporter of Oil XX or Condensate | | | Address (Give address to which approved copy of this form is to be sent) | | |
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| This production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion - (X) Date Speaked Date Completion - (X) | If well produces oil or liquids, | Unit Sec. | • • | 1 | | <u>128 (29 97.5 2</u>) |
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| Q Q 10 (505) 327-9801 | Printed Name | operatio | | Title | SUPERVISOR DIS | STRICT #3 |
| | | and the second of the second o | | 11116 | ···· | |

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
 1) Heappear in allowable for newly difficil or despined well must be accompanied by infinitely in the patient leads taken in accompliance. with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C 104 must be filed for each pool in multiply completed wells.